

Check in a box
Patented or Specified

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM P-176)

SERIAL NO. FILING DATE
APPLICANT'S NO. 10/08/91 46

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2		2			
4	2		2			
5	2		2			
6	2		2			
7	2		2			
8	2		2			
9	2		2			
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11	2		2			
12	2		2			
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15	2		2			
16	2		2			
17	2		2			
18						
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20						
21						
22						
23						
24						
25						
26						
27	BEST AVAILABLE COPY					
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.		50				
TOTAL CLAIMS	35					